

## PART B - FEE(S) TRANSMITTAL

ORIGINAL

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Commissioner for Patents  
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CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

35969 7590 03/10/2004

JEFFREY M. GREENMAN  
BAYER PHARMACEUTICALS CORPORATION  
400 MORGAN LANE  
WEST HAVEN, CT 06516

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Beatriz Alviz

(Depositor's name)

(Signature)

(Date)

JUN 09 2004

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/744,703	03/26/2001	Alexander Straub	LEA-33-187	3269

TITLE OF INVENTION: SUBSTITUTED PYRAZOLE DERIVATIVES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	06/10/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
RAYMOND, RICHARD L	1624	514-085000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 \_\_\_\_\_  
2 \_\_\_\_\_  
3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Bayer HealthCare AG

Leverkusen, Germany

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee☐ Advance Order - # of Copies \_\_\_\_\_

4b. Payment of Fee(s):

☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 13-3372 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature) William F. Gray

(Date)

William F. Gray 8 June '04

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

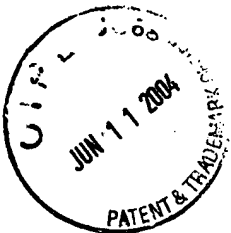
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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06/14/2004 SZEWDIE2 00000018 133372 09744703

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TRANSMIT THIS FORM WITH FEE(S)



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Alexander Straub, et al.

Customer No.: 35969

Serial No.: 09/744,703

Confirmation No.: 3269

Filed: 03/26/2001

Group Art Unit: 1624

Examiner: Richard L. Raymond

For: Substituted Pyrazole Derivatives

**MAIL STOP ISSUE FEE**

**Commissioner for Patents**

**P.O. Box 1450**

**Alexandria, VA 22313-1450**

**CERTIFICATION OF MAILING UNDER 37 C.F.R. 1.8(a)**

I hereby certify that this correspondence and any papers referred to as attached are being deposited, on the date shown below, with the United States Postal Service, with sufficient postage, as first class mail in an envelope addressed to: Mail Stop ISSUE FEE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date: JUN 09 2004

Signature of person certifying

**ISSUE FEE**  
**TRANSMITTAL LETTER**

Sir:


Enclosed please find the following documents in connection with transmittal and payment of the issue fee in the above-identified case:

- Part B - Fee(s) Transmittal (Form PTOL-85B) [IN DUPLICATE]; and
- Return Receipt Post Card.

Respectfully submitted,

Date: 8 June '04

Bayer Pharmaceuticals Corporation  
400 Morgan Lane  
West Haven, CT 06516-4175  
Telephone: (203) 812-2712  
Facsimile: (203) 812-6459

  
\_\_\_\_\_  
William F. Gray  
Attorney for Applicants  
Reg. No. 31,018